

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 142000001		CITY OR TOWN	WEST STOCKBRIDGE
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2014
	CLASS		YEAR
LICENSEE NAME: TRUC ORIENT EXP	RESS, INC.		
DOING BUSINESS A			
ADDRESS HARRIS ST.			
CITY/TOWN: WEST STOCKBRIDGE	STATE: MA	ZIP CODE:	01266
MANAGER: DUOUG, TRAI THI TYPE	OF LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI DESCRIPTION OF LICENSED PREMISES		MAIL ADDRESS	
 I hereby certify and swear under penalties of the renewed license will be of the the licensee has complied with all the premises are now open for bus 	same type for the laws of the Comm	nonwealth relating to	
SIGNED BY Individual, Partner or	Authorized Corpo	orate Officer	
DATE: TELEPHONE N	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010.	ctor and the head	l of the fire departn	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 142000	0006	CITY OR TOWN	WEST STOCKBRIDGE			
APPLICATION FOR RENEV	WAL: Anr	nual LICE	LICENSED FOR 2014			
	CL	ASS	YEAR			
LICENSEE NAME: WS PU	JBLIC MARKET LLC					
DOING BUSINESS A PUBI	LIC MARKET					
ADDRESS MAIN ST WEST	SIDE					
CITY/TOWN: WEST STOO	CKBRIDGE STATE:	MA ZIP CODE:	01266			
MANAGER: LEOPOLD, E L.	RICA TYPE OF LICE	NSE:Package Store	CATEGORY: All Alcohol			
EMAIL ADDRESS:						
PLEASE ALS	SO VISIT OUR WEBSITE AND ENTI	ER YOUR EMAIL ADDRESS				
DESCRIPTION OF LICENS	ED PREMISES:					
2. the licensee has co 3. the premises are no SIGNED BY	se will be of the same typ	e for the same premises now he Commonwealth relating not explain below)				
DATE:	TELEPHONE NUMBER		ER IDENTIFICATION NUMBER: adividual Social Security Number)			
Please Check Below:		LOCAL LICEN	SING AUTHORITY			
APPROVED:		By:				
DISAPPROVED: (If disapproved explain)						
(220mppro : va enpiam)						
DATE:						
APPLICATION FOR RENEWAL MUST	BE FILED BY LICENSEES DUR!	NG THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)			



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 142000008		CITY OR TOWN	WEST STO	OCKBRIDGE
APPLICATION FOR RENEWAL: Annual			LICENSED FOR 2014		
		CLASS			YEAR
LICENSEE NAME:	williams river retaile	ers inc.			
DOING BUSINESS	A williams river cour	ntry store			
ADDRESS 38 MAIN	N ST				
CITY/TOWN: WES	ST STOCKBRIDGE	STATE: MA	ZIP CODE:	01266	
MANAGER: moun	ntain, tracy TYP	E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMIS	ES:			
TWO FLOORS, ONE I	FOR RETAIL (DOWNS	STAIRS BASEMENT	FOR STORAGE		
I hereby certify and s	wear under penalties	of perjury that:			
	ed license will be of the		=		
	ee has complied with		•	taxes; and	
3. the premis	ses are now open for l	business (If not expla	nin below)		
SIGNED BY					
	Individual Partner	or Authorized Corne	rate Officer		
	Individual, Partner	or Authorized Corpo	orate Officer		
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:				IDENTIFICAT	TION NUMBER:
DATE:	Individual, Partner				TON NUMBER: ecurity Number)
DATE:			EMPLOYER		
			EMPLOYER (Note: <u>NOT</u> Ind	ividual Social S	ecurity Number)
Please Check Below:			EMPLOYER (Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below: APPROVED:			EMPLOYER (Note: <u>NOT</u> Ind	ividual Social S	ecurity Number)
Please Check Below:	TELEPHONE		EMPLOYER (Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE		EMPLOYER (Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE		EMPLOYER (Note: NOT Ind	ividual Social S	ecurity Number)



www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	42000009		CITY OR TOWN	WEST STO	OCKBRIDGE
APPLICATION FOR R	RENEWAL:	Annual	LICENSED FOR 2014		
		CLASS			YEAR
LICENSEE NAME: (GRAPES & GRA	AINS INC.			
DOING BUSINESS A	QUEENSBOR	O WINE AND SPIRIT	TS .		
ADDRESS 26 MAIN S	TREET				
CITY/TOWN: WEST	STOCKBRIDO	SE STATE: MA	ZIP CODE:	01266	
MANAGER: DIXON H.	, STEVEN T	YPE OF LICENSE:Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIG		WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
2. the licensee	license will be on the has complied w	ies of perjury that: of the same type for the ith all laws of the Com or business (If not exp.	monwealth relating to		
SIGNED BY	ndividual, Partr	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		CION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTH	ORITY
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 142000018		CITY OR TOWN	WEST STC	CKBRIDGE
APPLICATION FO	R RENEWAL:	Annual	al LICENSED FOR 2014		
		CLASS			YEAR
LICENSEE NAME:	ROUGE, INC.				
DOING BUSINESS	A				
ADDRESS 3 CENT	ER STREET				
CITY/TOWN: WE	ST STOCKBRIDGE ST	TATE: MA	ZIP CODE:	01266	
	GGIE C. TYPE OF RELLE	LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE A	ND ENTER YOUR EN	MAIL ADDRESS		
	LICENSED PREMISES:				
	ERTED INTO A COMMERC		ANT-EXPAND SEAT	ING FROM 73	3-95
	swear under penalties of per ved license will be of the sar		somo promisos nom	liaansadı	
	see has complied with all law	• •	-		
	ises are now open for busine		· ·	taxes, and	
		(T			
SIGNED BY					
	Individual, Partner or Au	thorized Corpo	rate Officer		
DATE:	TELEPHONE NUI	MBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Indi	ividual Social Se	ecurity Number)
Acts of 2004, signe	ed, attest that we are in post d by the building inspector (2) the certificate of liquor	r and the head	l of the fire departn	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl					
(11 disappioved expi	u111 <i>)</i>				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY LICENSER	ES DURING THE M	ONTH OF NOVEMBER (M.	.G.L. Ch. 138 \$ 16	A)



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 142000019		CITTOR TOWN	VEST STOCKBRIDGE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSE	D FOR 2014
		CLASS		YEAR
LICENSEE N	AME: WENDT ENTERI	PRISES, INC.		
DOING BUSI	NESS A THE WILLIAM	SVILLE INN		
ADDRESS R	ΓΕ 41 GREAT BARRING	TON RD		
CITY/TOWN	: WEST STOCKBRIDGE	E STATE: MA	ZIP CODE:	01236
MANAGER:	CLAUDINE TY BOGOMOLOW	PE OF LICENSE: In	nholder CAT	EGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMI	ISES:		
1. the 2. the	y and swear under penaltie renewed license will be of licensee has complied with	f the same type for the h all laws of the Com	nmonwealth relating to ta	
3. the	premises are now open for	r business (If not exp	lain below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corp	oorate Officer	
DATE.				
DATE:	TELEPHON	NE NUMBER:		ENTIFICATION NUMBER: lual Social Security Number)
*** .1		• (4)		
Acts of 2004,	rsigned, attest that we are signed by the building in e and (2) the certificate o	spector and the hea	ad of the fire departmen	nt for the above
Please Check Bel			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(11 uisapprove	u expiaiii)			
DATE:				
APPLICATION FOI	R RENEWAL MUST BE FILED BY I	LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L	Ch. 138 \$ 16A)



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	42000023		CITY OR TOWN	WEST STC	CKBRIDGE
APPLICATION FOR R	RENEWAL:	Annual	LICENS	SED FOR 20)14
		CLASS			YEAR
LICENSEE NAME: S	HAKER MILL TAVI	ERN,INC			
DOING BUSINESS A	SHAKER MILL TAV	VERN			
ADDRESS 5 ALBANY	? ROAD				
CITY/TOWN: WEST	STOCKBRIDGE	STATE: MA	ZIP CODE:	01266	
MANAGER: LUCHI A. JR.	,DONINICK TYPE (OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	EASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EN	MAIL ADDRESS		1
DESCRIPTION OF LIC	CENSED PREMISES	:			
CONSISTING OF A 1ST INCLUDING A MAIN ROBATHROOMS,STORAG DECK AND PATIO	OOM WISTH BAR, AD	DITIONAL ROOM	I AND ADJACENT G	AME ROOM	
I hereby certify and swe	ear under penalties of j	perjury that:			
1. the renewed	license will be of the	same type for the	same premises now	licensed;	
2. the licensee	has complied with all	laws of the Comn	nonwealth relating to	taxes; and	
3. the premises	are now open for bus	iness (If not expla	nin below)		
SIGNED BY	Individual, Partner or A	Authorized Corpo	rate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building inspec	tor and the head	l of the fire departn	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain))				
DATE:					
D.1111.					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 142	2000024		CITY OR TOWN	WEST STO	OCKBRIDGE
APPLICATION FOR REI	NEWAL:	Annual	LICEN)14	
		CLASS			YEAR
LICENSEE NAME: BEI	RKSHIRE 32 MA	INRESTAURAN	T GROUP CORP		
DOING BUSINESS A O	LIO				
ADDRESS 32 MAIN STE	REET				
CITY/TOWN: WEST ST	ГОСКВRIDGE	STATE: MA	ZIP CODE:	01266	
MANAGER: KHALAF,	, JEAN G. TYPE	OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASI	E ALSO VISIT OUR WEBS	ITE AND ENTER YOUR I	EMAIL ADDRESS		-
DESCRIPTION OF LICE	NSED PREMISES	S:			
NEW RESTAURANT AT 32	2 MAIN STREET				
I hereby certify and swear	under penalties of	perjury that:			
1. the renewed lic	ense will be of the	same type for the	e same premises now	licensed;	
2. the licensee has	s complied with all	l laws of the Com	monwealth relating to	taxes; and	
3. the premises ar	re now open for bu	siness (If not exp	lain below)		
SIGNED BY	ividual, Partner or	Authorized Corn	orata Officar		
IIIu	iividuai, Faithei oi	Authorized Corp	orate Officer		
DATE:	TELEPHONE I	MIMDED.	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TELEFHONE	NUMBER.	(Note: NOT Ind		
We the undersigned, attacks of 2004, signed by the named license and (2) the of 2010.	the building inspe	ctor and the hea	d of the fire departr	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)			-		
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 142000025		CITY OR TOWN	WEST STO	OCKBRIDGE
APPLICATION FO	OR RENEWAL:	Annual	al LICENSED FOR 2014		
		CLASS			YEAR
	E: SIX DEPOT LTD S A SIX DEPOT ROAS	STERY AND CA	r É		
ADDRESS 6 DEPO	OT STREET				
CITY/TOWN: WI	EST STOCKBRIDGE	STATE: MA	ZIP CODE:	01266	
MANAGER: LA	NDRY, LISA TYPE	E OF LICENSE: R	estaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	3:				
RETAIL AREA TO F I hereby certify and 1. the rener 2. the licen	F LICENSED PREMISE PURCHASE COFFEE/TE/ I swear under penalties of wed license will be of the usee has complied with a mises are now open for be	AOUTDOOR SEA of perjury that: e same type for the ll laws of the Con	e same premises now nmonwealth relating to		
SIGNED BY	Individual, Partner o	r Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Ind		TON NUMBER:
Acts of 2004, sign	ed, attest that we are in ed by the building insp d (2) the certificate of li	ector and the he	ad of the fire departi	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] lain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					